

CATHOLIC SECONDARY SCHOOLS: REQUEST FOR RECORDS

DIOCESE OF TRENTON NOTE: Please return this form to the Elementary School Principal
The Catholic Schools within the Diocese of Trenton do not discriminate on the basis of race, color, sex, nationality or ethnic origin in the acceptance of students.

To be completed by Student: Please Print

Name _____ Parent/Guardian Name(s) _____

Address _____ Work Telephone-Father _____

City/State/Zip _____ Work Telephone-Mother _____

Telephone (H) _____ First Choice _____

Date & Place of Birth _____ Second Choice _____

Religious Affiliation: Catholic _____ Other _____

Home Parish of Student _____

Signature of Student _____

School Now Attending _____

Brothers and Sisters presently in Catholic Secondary Schools:

SCHOOL	GRADE
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_____	_____
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_____	_____
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_____	_____
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To be completed by Elementary School:

ATTACH REPORTS OF GRADES 6, 7, 8 WITH EXPLANATION OF GRADING SYSTEM.

ATTACH STANDARDIZED TEST SCORES FOR SAME GRADES. (MOST RECENT SCORES)

COMMENTS:

SIGNATURE AND TITLE OF ELEMENTARY SCHOOL OFFICIAL DATE:

To be completed by Parent/Guardian:

The Principal of _____ Elementary School hereby has my permission to

release the mandated records of _____ to the following high school:

Child's Name

Information to other high schools will be sent, at parent's request, by the high school initially receiving the student's records.

Date

Signature of Parent/Guardian